

MULTIPLE DEPENDENT CLAIMS
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

SERIAL NO.

10/760021

FILING DATE

CLAIMS					
AS FILED		AFTER INDEPENDENT		AFTER DEPENDENT	
NO.	OFF.	NO.	OFF.	NO.	OFF.
1					
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27	3		3		
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37					
38	2		2		
39					
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41					
42					
43					
44	2		2		
45					
46					
47					
48					
49					
50					
TOTAL NO.	4		4		
TOTAL OFF.	5		5		
TOTAL					

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TOTAL NO.					
TOTAL OFF.					
TOTAL					